

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

Rese Form

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

IA ETHICS AND  
CAMPAIGN DISCLOSURE BD  
2009 SEP -3 PM 12: 04

COMMITTEE NAME (Must be same as on Statement of Organization)

Lagomarcho Fr School Board

IMPORTANT: Indicate by # type of committee you are reporting for: 7

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political  
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC  
(11) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Mark Lagomarcho

Political Party (if applicable)

Office Sought

Asst Des Moines School Board

District (If Senate or House)

FORM

**DR-2**

(Rev. 07/2007)

DISCLOSURE  
REPORT

**For Office Use Only**

Comm. # \_\_\_\_\_

Logged In \_\_\_\_\_

Scanned \_\_\_\_\_

Computer \_\_\_\_\_

Audited \_\_\_\_\_

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Mark Lagomarcho  
SIGNATURE OF PERSON FILING REPORT

515-224-1425  
TELEPHONE

Sept. 2, 2009  
DATE SIGNED

I AM FILING A 5 days prior to election REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.  
(report date) Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

Sept 8 2009

County & Local Committees, enter County in  
which Election is held

Polk

**STATEMENT OF CASH ON HAND**

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the  
committee. This amount MUST be the same as the cash on hand at the end  
of the last reporting period or must be zero if this is first report filed.)

\$

0

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*\*also see in-kind below)

2815.

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

2593.88

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$

281.12

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

\$

\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$

99

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES

NO

**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME (Must be same as on Statement of Organization)**Lagamarchino for School Board

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
7-23-09	ID# CK#	Gary Grogan 918 43rd St. West Des Moines, IA		\$ 50 <sup>00</sup>	<input type="checkbox"/>
7-23-09	ID# CK#	Ralph Eucher 4655 Turnbrydr. West Des Moines, IA		250 <sup>00</sup>	<input type="checkbox"/>
7-23-09	ID# CK#	Diane Gibson 3930 Grand Ave. Des Moines, IA		50 <sup>00</sup>	<input type="checkbox"/>
7-23-09	ID# CK#	Bob Johnson 52740 120th Ave. Albert City, IA	Father in law	500 <sup>00</sup>	<input type="checkbox"/>
7-28-09	ID# CK#	Dorothy Lagamarchino 1801 20th St. Ames, IA	Mother	300 <sup>00</sup>	<input type="checkbox"/>
7-23-09	ID# CK#	Mark Lagamarchino 9800 Elm St. West Des Moines, IA		500 <sup>00</sup>	<input type="checkbox"/>
7-24-09	ID# CK#	<del>Greg</del> Gregory Burrows 1005 Twp West Des Moines, IA Tree Ln.		50 <sup>00</sup>	<input type="checkbox"/>
7-30-09	ID# CK#	Daniel Huston 501 Grand Oaks West Des Moines, IA		100 <sup>00</sup>	<input type="checkbox"/>
7-30-09	ID# CK#	Steen McCullugh 843 26th. West Des Moines, IA		100 <sup>00</sup>	<input type="checkbox"/>
7-30-09	ID# CK#	William Habib 126-A Central Fort Dodge, IA		50 <sup>00</sup>	<input type="checkbox"/>

SUB-TOTAL

\$ 1950

TOTAL (if last page of this schedule)

\$

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 3  
(for Schedule A)

For Instructions, See Back of Form

Reset Form

**CONTRIBUTIONS -- MONEY TAKEN IN**  
(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONEY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)*Legomarcini for School Board*

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
8-3-09	ID# CK#	Martha Gleason 1405 Nicollet Pl. Burne, IA	Sister	\$ 100 <sup>00</sup>	<input type="checkbox"/>
8-3-09	ID# CK#	Debbi Eldred 4820 Locust West Des Moines, IA		30 <sup>00</sup>	<input type="checkbox"/>
8-19-09	ID# CK#	Brian Campbell 13200 Ernst Cir. Clive, IA		100 <sup>00</sup>	<input type="checkbox"/>
8-19-09	ID# CK#	Jaime Zachar 1723 Plum Thicket Ln. West Des Moines, IA		50 <sup>00</sup>	<input type="checkbox"/>
8-27-09	ID# CK#	Gary Brummel 4708 Elm St. West Des Moines, IA		50 <sup>00</sup>	<input checked="" type="checkbox"/>
8-27-09	ID# CK#	Bob Spence 305 4th St. West Des Moines, IA		25 <sup>00</sup>	<input checked="" type="checkbox"/>
8-27-09	ID# CK#	Art Smith 4400 Boulder Dr. West Des Moines, IA		50 <sup>00</sup>	<input checked="" type="checkbox"/>
8-27-09	ID# CK#	Lance Stahl 4700 Elm St. West Des Moines, IA		40 <sup>00</sup>	<input checked="" type="checkbox"/>
8-27-09	ID# CK#	Pat Eastman 4805 Elm St. West Des Moines, IA		30 <sup>00</sup>	<input checked="" type="checkbox"/>
8-27-09	ID# CK#	Greg Mowrey 4809 Elm St. West Des Moines, IA		25 <sup>00</sup>	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 500	
TOTAL (if last page of this schedule)				\$	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 3  
(for Schedule A)

For Instructions, See Back of Form

## CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Lagomarcillo for School Board

Re-use Form

SCHEDULE

A

(Rev. 07/03)

MONETARY  
RECEIPTS☐ CHECK THIS BOX IF  
AMENDING FORM

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
8-27-09	ID# CK#	Kyle Susral 5846 Fairway Dr. West Des Moines, IA		\$50 <sup>00</sup>	<input checked="" type="checkbox"/>
8-27-09	ID# CK#	Rod Weikert 4300 Shadybly Dr. West Des Moines, IA		25 <sup>00</sup>	<input type="checkbox"/>
9-02-09	ID# CK#	Barbara Burnett 9861 Timberland Dr. West Des Moines, IA		50 <sup>00</sup>	<input type="checkbox"/>
9-2-09	ID# CK#	Channing Dutton 2525 Hickman Ridge Dr. West Des Moines, IA		60 <sup>00</sup>	<input type="checkbox"/>
9-2-09	ID# CK#	Charles Schneider 6201 Ebtne West Des Moines, IA		50 <sup>00</sup>	<input type="checkbox"/>
	ID# CK#	Unitemized contributions		90 <sup>00</sup>	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$365

TOTAL (If last page of this schedule)

\$2815

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 3 of 3  
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

**EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONETARY</b> <b>EXPENDITURES</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Lagomarcino for School Board

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
7-24-09	ID# CK# 101	Rocky Horse Studio Box 31 Storm Lake IA. 50588	Logo design and Stationery	177 <sup>38</sup> \$ <del>588</del>
8-7-09	ID# CK# 102	Victory Store 5200 SW 30th Davenport IA 52602	Yard signs	701 <sup>66</sup>
8-7-09	ID# CK# 103	Polk County Auditor	Voter list	10 <sup>00</sup>
8-11-09	ID# CK# 104	Rocky Horse Studio Box 31 Storm Lake, IA 50588	Flyer design and Voter list preparation	322 <sup>61</sup>
8-17-09	ID# CK# 105	Kinkos 10201 University Ave. Clive, IA 50325	Printing campaign material	22 <sup>78</sup>
8-19-09	ID# CK# 106	Rocky Horse Studio Storm Lake, IA 50588	Printing mailers	196 <sup>35</sup>
8-21-09	ID# CK# 107	U.S. Postal Service 430 5th St. West Des Moines IA.	Postage	286 <sup>00</sup>
8-21-09	ID# CK# 108	Office Max 2900 University Ave. West Des Moines, IA 50265	Mailing tabs	22 <sup>24</sup>
SUB-TOTAL				\$ 1739.02
TOTAL (If last page of this schedule)				\$

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

**EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONETARY</b> <b>EXPENDITURES</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Legislative for School Board

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
8-26-09	ID# CK# 109	Dakhs 5030 EPTme West Des Moines, IA	Postage for mailers	132.00 <del>\$ 132.00</del>
	ID# CK# 110	VOID		
8-24-09	ID# CK# 111	Office mail 2800 University Ave West Des Moines, IA	Printing flyers	54.06
	ID# CK# 112	Dakhs 5030 EPTme West Des Moines IA	Hostess gift for fundraiser	27.80
	ID# CK# 113	VOID		
8-29-09	ID# CK# 114	US Post Office 430 5th St. West Des Moines IA	Postage for postcards	448.00
8-30-09	ID# CK# 115	Dakhs 5030 EPTme West Des Moines IA	Postage for postcard in	133.00
	ID# CK#			
SUB-TOTAL				\$ 794.86
TOTAL (If last page of this schedule)				\$ 2533.88

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(j).)

Page 2 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Legomarcino for School Board

Reson Form

SCHEDULE <b>E</b> (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
8-27-09	John Bloom 4820 Elm St. West Des Moines, IA 50265	<del>4820 Elm</del> West	Donation of food for fund-raiser	\$ 99.00	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$

TOTAL (If last  
page of this  
schedule)

\$

99

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1  
(for Schedule E)